

**CITY OF BOSTON ENVIRONMENT DEPARTMENT  
AIR POLLUTION CONTROL COMMISSION (APCC)**

-----  
**INITIAL OR RENEWAL  
PARKING FREEZE PERMIT (PFP) APPLICATION**

**NOTICE:** PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION.  
APPLICATIONS THAT ARE INCOMPLETE OR HAVE ERRORS WILL NOT BE ACCEPTED AND WILL  
NOT TOLL ANY DEADLINES.

1. Parcel ID #: 00000000. (Assessing Department #)

Name, address of facility:	New name, address of facility, if different:	Name, address of owner:	New name, address of owner, if different:
FACILITY X		OWNED BY 000 S. Boston Lane South Boston, MA 02110	

Name, address of contact person:	New name, address of contact person, if different:	Name, address of lessee, if any:	New name, address of lessee, if different:
C/o Contact Person 001 S. Boston Lane South Boston, MA 02110			

2. Attach written proof of approval from owner of record or has written approval from the owner of record to file application. [See instructions.]

3. Type of Request: ☐ New Facility ☒ Existing Facility

4.

Freeze Area	Total # of spaces	# of new spaces	# of existing spaces
DOWNTOWN	X	X	X
SOUTH BOSTON	Inventory #	X	Inventory #
EAST BOSTON	X	X	X

5.

Type of Spaces	Commercial	Residential	Employee
DOWNTOWN	X	X	X
SOUTH BOSTON	# of Comm.	# of Resid.	# of Emp.
EAST BOSTON	X	X	X

6. Total square footage of property referred to in this application: 000000 sq. ft.

7. Gross square footage of all occupied buildings on the property, whether occupied for residential, commercial, retail, manufacturing, or any other purpose.

Purpose	Square Footage

8. Attach a site plan or floor plan of the parking lot or garage, showing:

- ☐ location of the facility; ☐ entry and exit points; and  
☐ layout of the spaces; ☐ total square footage of the parking area.

CHECK EACH BOX TO CONFIRM THAT YOU HAVE ADDRESSED EACH POINT.

9. Provide ratio of parking spaces to # of patrons. [See instructions]

\_\_\_ parking spaces for \_\_\_ employees; \_\_\_ students; \_\_\_ other patrons

10. Indicate the current parking rates and structure, if any:

- ☐ \_\_\_ per hour; \_\_\_ per day; \_\_\_ per month.  
☐ these rates apply to \_\_\_ (days of the week).

CHECK EACH BOX TO CONFIRM THAT YOU HAVE ADDRESSED EACH POINT.

11. Current parking method(s) in use on the property (check all that apply):

- ☐ valet ☐ self-parking ☐ surface ☐ garage

12. List all supporting documents accompanying this application.

---

---

---

13. Please verify all the information above and enclose a check or money order for the applicable fee (\$10 per parking space) with your application, made payable to the "City of Boston, Air Pollution Control Commission."

If the PFP application is in all respects an accurate and complete document and full payment is enclosed, then a permit valid for one year shall immediately issue.

APPLICABLE FEE: \_\_, \_\_ spaces x \$10/ space = \$\_\_, \_\_.

PAYMENT SUBMITTED BY: ☐ Check ☐ Money Order.

*I hereby attest that this document contains, in all respects,  
true, accurate and complete information.*

Signed, \_\_\_\_\_

Date \_\_\_\_\_